



Anti-Obesity Medications (AOMs) Coverage Under Medicare Part D

March 25, 2025

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IN HEALTH

Debra Fraser-Howze, Founder and Board Chair
Rev. Kimberly L. Williams, Executive Director
Ron Ticho, COO

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Who We Are

The Choose Healthy Life Model

A Proven, Sustainable, and Scalable Model to Increase Access to Health Services in the Black Community through the Black Church

- Create a network of Black Churches – the most trusted pillars in the community – dedicated to transforming health equity and enhancing wellness.
- Cultivate and maintain a dynamic faith-based health workforce that spearheads testing, vaccination, wellness promotion, and pandemic preparedness, decisively addressing health disparities.
- Provide wellness programs, social determinants of health services, and more to change long-term health outcomes in our communities through partnerships with health entities.
- Achieve tangible, enduring improvements in health outcomes, and significantly reducing morbidity and mortality rates within the communities we serve.
- Develop a scalable, adaptable model poised to effectively respond to emerging public health challenges and crises, ensuring resilience and readiness.



Founder Debra Fraser-Howze

Bringing Faith & Science Together



National Black Clergy Health
Leadership Council



Nationally recognized clergy leaders lead
CHL initiatives in their respective regions



CHL Medical Advisory
Board



Nationally leading physicians and public
health experts advise CHL programming

Program Structure

Free Community Health & Wellness Services



Comprehensive Health Screenings



Maternal Health



Vaccinations (COVID-19, Flu, RSV)



HIV/AIDS



Mental Health



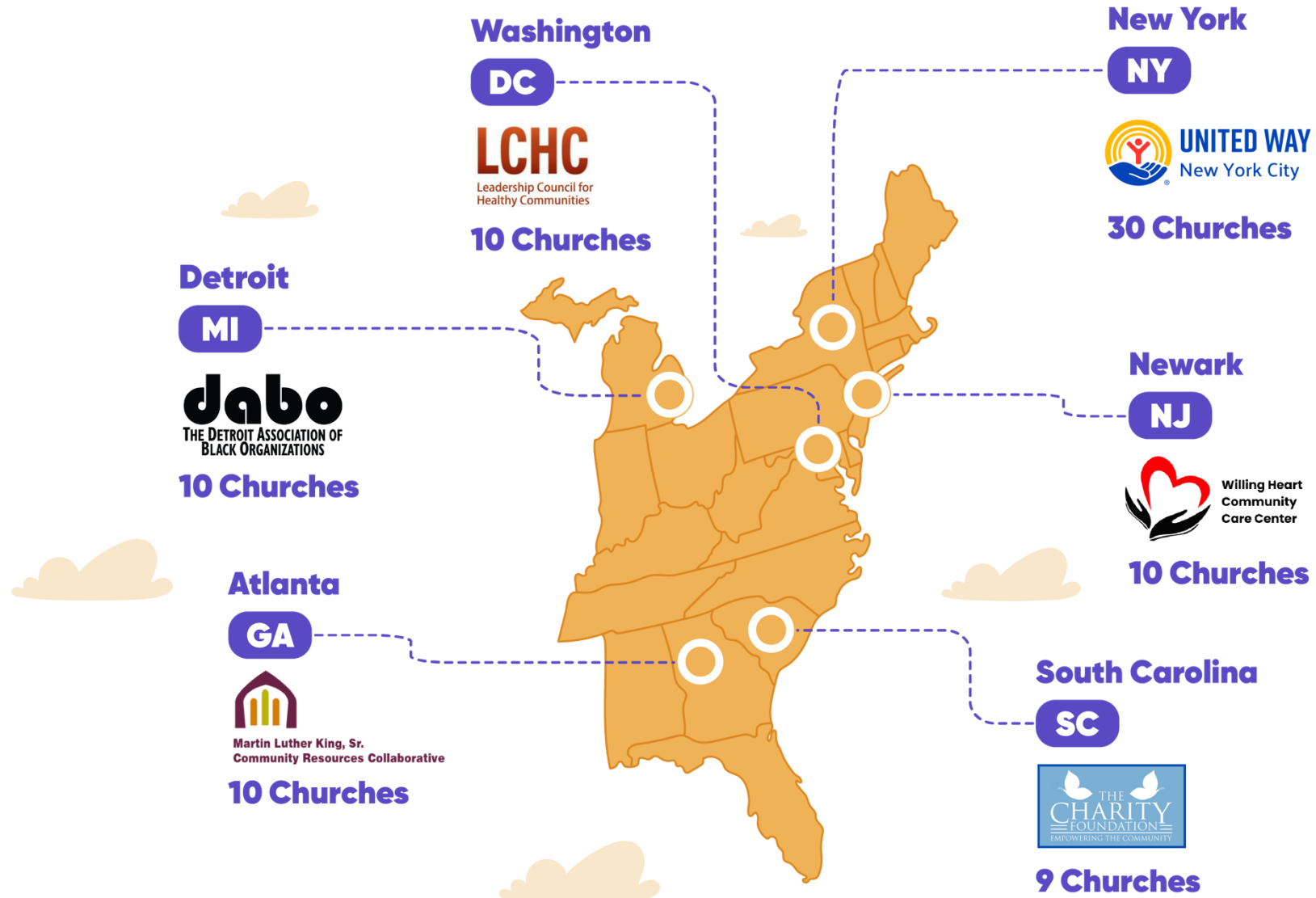
Clinical Trial Awareness



Food, Education, Disease Management, and other Social Determinants of Health Services



Program Structure



Results to Date:

Total Metrics – (Feb. 2021 – Dec. 2024)

COVID-19

COVID-19 Testing Kits Given	COVID-19 Vaccines Administered
138,648	210,788

Blueprint for Wellness™

BFW Screenings Administered
21,291

Wellness

Total CHL Church and Wellness Events
10,901

Source: BFW Data – Nov. 2022 through Dec. 2024; COVID Data – Jan. 2021 through Dec. 2024

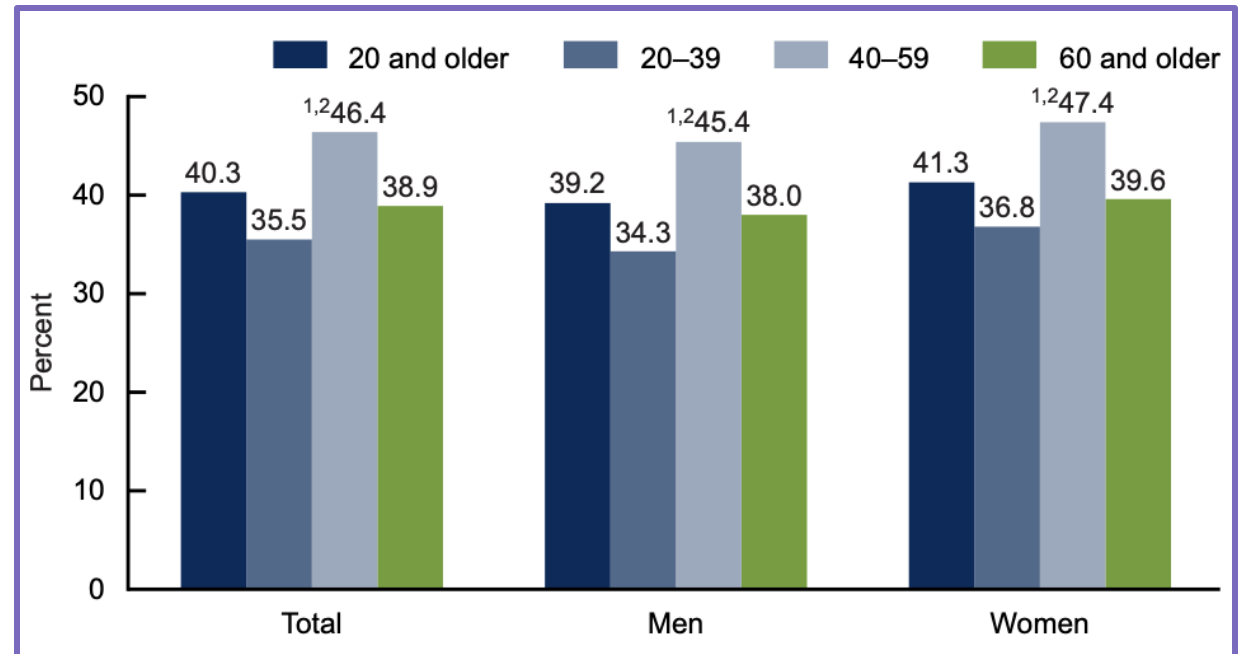
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Covering AOMs

Covering AOMs: The Obesity Epidemic

Obesity is a chronic disease in the U.S. with widespread impact and requires urgent action.

- **40.3%** of all adults in the U.S. are obese.
- **9.7%** of all adults in the U.S. are severely obese.
- Black adults are **30%** more likely to be obese than white adults, and **60%** more likely to have diabetes.
- **38%** of Medicaid beneficiaries are obese, and **70%** are overweight or obese.



Source:

Obesity and severe obesity prevalence in adults: United States
August 2021–August 2023. NCHS Data Brief, no 508. Hyattsville, MD:
National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/159281>.

Covering AOMs: The Case for AOMs

AOMs are extremely effective compared to other treatments.



Penn Medicine News

Anti-obesity medication boosts weight loss when behavioral therapy falls short

PHILADELPHIA— Adding an anti-obesity medication just one month after behavioral therapy begins—rather than waiting the currently recommended six months—can more than double weight loss for patients who struggle initially with lifestyle changes alone, according to new research published in *Nature Medicine* from a team at the Perelman School of Medicine at the University of Pennsylvania.

- **Clinical trials show significant reductions in BMI and associated health risks with AOM use.**
- Obesity is linked to chronic conditions like type 2 diabetes, heart disease, and certain cancers.
- AOMs, such as Semaglutide, represent a new era in obesity treatment as an effective tool to reduce weight.
- Current Medicare Part D policy excludes AOMs, categorizing them as “weight-loss” drugs, which is outdated.

Source:

Anti-obesity medication for weight loss in early nonresponders to behavioral treatment: a randomized controlled trial. Nat Med (2025).
<https://doi.org/10.1038/s41591-025-03556-3>

Covering AOMs: Reaching Underserved Communities

We've seen the critical need in our communities for AOMs to address obesity.



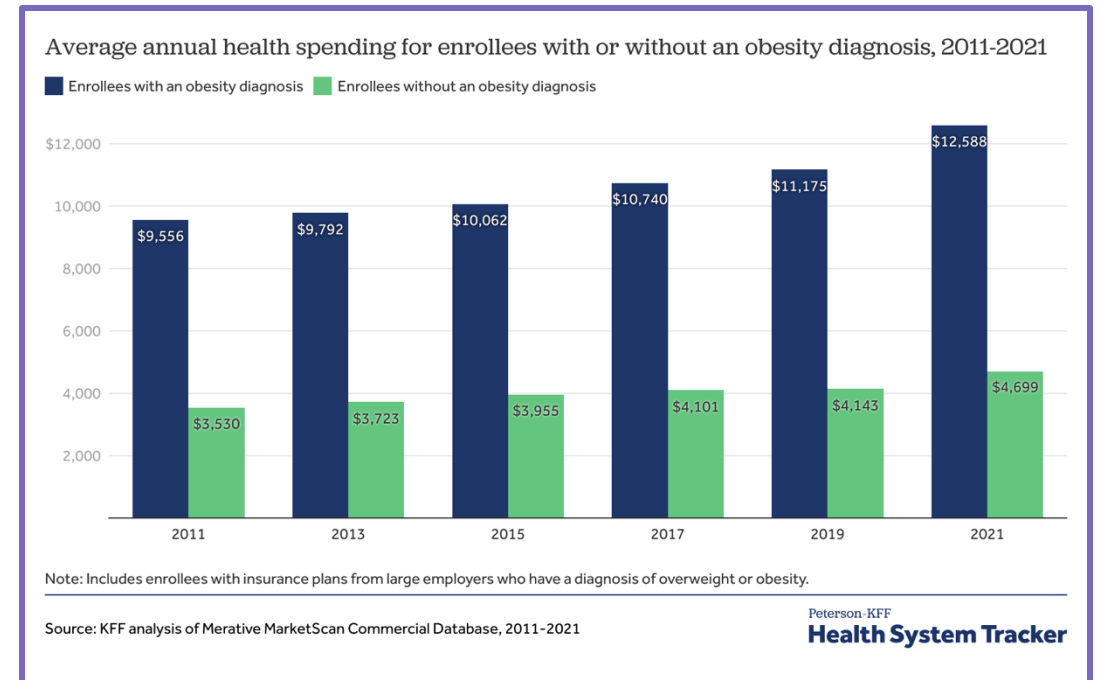
- **Trusted Community Presence:** Through our partnership with the Black church, we've built trust and delivered critical health services where they're needed most.
- **Disproportionate Impact:** Black communities face higher rates of obesity and chronic conditions yet lack access to effective treatments like AOMs.
- **CHL's Communities:** In delivering health services, we've seen the devastating effects of untreated obesity and the potential of accessible, effective treatments.
- **Increasing Access:** By covering AOMs, we can give people the access to care they need and improve health outcomes for future generations.



Covering AOMs: Economic and Health Benefits

The cost of inaction on obesity care is over \$100 billion a year.

- **Reduced Healthcare Costs:** AOMs lower the risk of hospitalizations. The cost of bariatric surgery rose to **\$32,868** in 2021.
- **Prevention Pays Off:** Early treatment with AOMs can prevent the progression of obesity-related conditions like diabetes that cost billions to treat.
- **Enhanced Quality of Life:** Patients experience better mobility, mental health, and overall well-being.
- **Direct Savings for Medicare:** Including AOMs in Medicare Part D could offset costs of obesity-related diseases among beneficiaries.

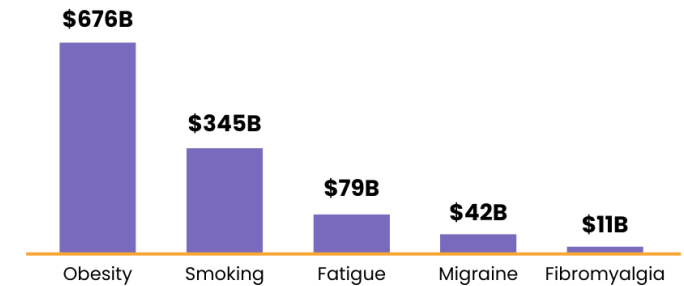


Covering AOMs: Economic and Health Benefits

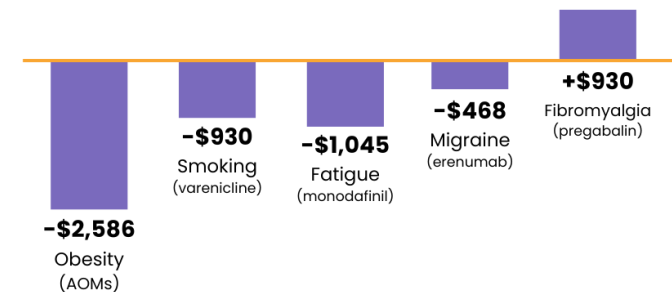
AOMs are direct savings for Medicare.

- Including AOMs in Medicare Part D could offset costs of obesity-related diseases among beneficiaries.
- In 2021, AOMs reduced the medical costs per patient by **\$2,586**
- AOMs provide significantly more savings than treatments for other disease states (that have a lesser economic burden) that Medicare already covers.

Annual Economic Burden in the U.S. 2021
(\$ Billion)



Real-world Annual Medical Cost
Reduction by Treatment Area 2021
per patient



Source:

The Relative Value of Anti-Obesity Medications Compared to Similar Therapies.
Clinicoecon Outcomes Res. 2023 Jan 26;. doi: 10.2147/CEOR.S392276.

Covering AOMs: Bi-partisan Legislation

Treat and Reduce Obesity Act

- Offers clinically- and cost-effective solutions to the obesity epidemic by ensuring that Medicare patients have access to the best possible care at only a fraction of the cost.
- The bill would allow Medicare to cover FDA approved therapies such as AOMs and expand coverage for screenings and treatment from providers specializing in obesity care.
- 120 current cosponsors



Reforming the 340b Drug Pricing Program

- Essential legislation to enhance transparency, ensuring cost savings for healthcare providers effectively translate to improved access to affordable medications for low-income and vulnerable populations.



Sen. Rev. Raphael Warnock (GA) and Sen. Cory Booker (NJ) speak to important community health legislation at a CHL Reception on Capitol Hill

Conclusion

Coverage of AOMs under Medicare Part D is crucial to address obesity. Without coverage, underserved populations CHL works with will continue to face barriers to effective treatment, and will only increase long-term healthcare costs for Medicare and Medicaid programs.

CHL strongly urges the Office of Information & Regulatory Affairs (OIRA) within the Office of Management and Budget to recognize this policy's potential to create a healthier future for all Americans.

“The Fierce Urgency of NOW”

– Rev. Dr. Martin Luther King

For more information, please contact Ron Ticho at 610-360-0205, rticho@choosehealthylife.org